2015 NORTH CAROLINA NON-PARTICIPATING MANUFACTURER'S APPLICATION / ANNUAL CERTIFICATION

[Pursuant to N.C. Gen. Stat § 66-291 and § 66-294]

		Date:
	Please	e check the appropriate box:
		Initial Certification —Tobacco Product Manufacturer/Applicant is not currently listed on the North Carolina Approved Tobacco Directory.
		Annual Certification — NPMs must file by April 30, 2015 for all brands sold in North Carolina.
		Supplemental Certification – Change of information provided to the Attorney General, or to request addition or deletion of brands to the North Carolina Tobacco Directory.
	Sales	year for which you are certifying compliance: 2014 NOTE: NPMS SUBJECT TO ANNUAL ESCROW DEPOSITS: ESCROW DEPOSIT DUE APRIL 15, 2015 NPM'S SUBJECT TO QUARTERLY ESCROW DEPOSITS: FIRST QUARTER 2015 ESCROW DEPOSIT DUE APRIL 30, 2015
		SE TAKE NOTICE: If you are an importer or trademark owner on the multiple escrow agreement, you are required to fill out the information requested .
PART	1:	Tobacco Product Manufacturer (TPM) Identification North Carolina requires the entity or entities that control or own the manufacturing process and that control the Brand mark to apply and be responsible for Brand(s) approved for sale and for the escrow payments.
	**Pleas	e complete every section for each entity making application/certification for a Brand
	A.	Company Name: Street Address: City: Telephone Number: Company contact email address: PO Box: Zip Code Fax No: Fax No:

	Name of Person Completing Application/Certification: Email Address: ATF (TTB) Tobacco Permit Number: N.C. Distributor's License Number: (N. C. Gen. Stat. §§105.113.4(3)(b); 105.113.11) (If applicable - see Part 3, Section B)					
		y the form of business entity: Corporation General Partnership Limited Partnership				
		ntity identified above is as of the date able boxes) Trademark Owner of Brand Mark Fabricator of Tobacco Product First Importer for resale in the Unite Other (please explain relationship)	ed State	es		
	If repre	esented by an Attorney, provide the	ollowing	g information:		
	Firm N Firm N Teleph Email	Address:				
**Impo	orter/Tr	ademark Owner Complete Section	Below	<i>I</i> .		
3.	City Teleph Compa	any Name:StateStateState any Contact email address:	ax Nur	P.O. Box Zip Code mber:		
	Email ATF (¹ N.C. D	ГТВ) Tobacco Permit Number: Distributor's License Number:				
	Identif	y the form of business entity: Corporation General Partnership Limited Partnership	□ □ (expla	Limited Liability Company Sole Proprietorship Otherain)		

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	The entity identified above is as of the date of this application/certification: (Check all applicable boxes) Trademark Owner of Brand Mark Fabricator of Tobacco Product First Importer for resale in the United States Other (please explain relationship) If represented by an Attorney, provide the following information:
	Attorney's Name:
	Firm Name:
	Firm Mailing Address: Fax Number Fax Number
	Fmail Address:
	Email Address:States where licensed:
PART 2:	Required Documentation - Attach a plain sheet of paper to the front of each document that identifies the document by item letter and name.
	ase complete every section for each entity making application/certification rand.
	A. Service of Process Information: Tobacco Product Manufacturer
	N.C. Gen. Stat. § 66-294(b)(1) states an NPM must appoint and continuously maintain a process service agent within North Carolina to accept service of any notification or enforcement of an action under this Article. The manufacturer/applicant shall file a certified copy of each instrument appointing a process service agent with the Secretary of State and the Office of the Attorney General, and <u>provide</u> a current letter from the registered agent accepting this appointment.
	**A.(1) Service of Process Information: Importer/Trademark Owner for Multiple Entity Escrow Only.
	B. Authority to Sign: Tobacco Product Manufacturer
	If applicant is an entity other than an individual, including without limitation, all partnerships and/or corporations, the applicant must provide information showing that the person who signs has the authority to sign and make binding commitments for the applicant. Examples of such documents include, Partnership Agreements, Articles of Incorporation and Board Resolutions showing the names of the persons authorized to sign on behalf of the applicant.
	**B.(1) Authority to Sign: Importer/Trademark Owner for Multiple Entity Escrow Only. See information under B. directly above.

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C. Escrow Agreement: Tobacco Product Manufacturer
Provide copy of your current executed Escrow Agreement.
PLEASE NOTE that your company's Escrow Agreement must conform to North Carolina's Model Escrow Agreement and any deviation in language will not be accepted. North Carolina's Model Escrow Agreements, single and multi-entity, can be found at www.ncdoj.com .
**C.(1) Escrow Agreement: Importer/Trademark Owner for Multiple Entity Escrow Only.
D. CDC Letter:
A letter from the U.S. Center for Disease Control showing a current approval of the ingredient list for the above referenced cigarette Brand. (N.C. Gen. Stat. § 14-401.18)
E. U.S. Federal Trade Commission:
A letter from the U.S. Federal Trade Commission showing current approval of the warning label plan for the above referenced cigarette Brand . (N. C. Gen. Stat. § 14-401.18)
F. Proof of Trademark Ownership and Compliance with Federal Trademark Laws:
Adequate assurance that Applicant owns or has the exclusive U.S. right to use the Brand referenced above and is in compliance with all intellectual property law. Please provide a certified copy of the trademark registration or other documentation showing exclusive right to use name and compliance with intellectual property laws. (N.C. Gen. Stat. § 14-401.18)
G. Packaging: Provide an electronic sample of the packaging for each member of the Brand of cigarettes as listed on your application. (N.C. Gen. Stat. § 14-401.18) PLEASE DO NOT SEND TOBACCO PRODUCTS, JUST THE PACKAGING.
H. ATF (TTB) Permit:
A copy of your ATF (TTB) cigarette manufacturing or importing permit. (N.C. Gen. Stat. § 14-401.18(b)(5)) (26 U.S.C. §§ 5712 and 5713.)

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 I. Authority to Transact Business and Organizational Information: Tobacco Product Manufacturer
**I.(1). Authority to Transact Business and Organizational Information: Importer/Trademark Owner for Multiple Entity Escrow Only.
Information of Entity: a. Identify State or Country where business entity was formed and the date of formation. Attach copies of current Articles of Incorporation, Partnership Agreements and By-Laws and any documents filed with a government agency regarding the formation of the business entity. Please include a certification of good standing from the Secretary of State or country's equivalent documentation.
b(1). An organizational chart listing the name and role of all companies involved in the manufacturing process of the above referenced cigarette Brand and the relationship between the companies (e.g. parent / subsidiary, affiliate/sister).
b(2). Identify by name, address, telephone, and e-mail all officers, principals, general partners, limited partners, owners, guarantors or others that have any interest in the business entity. Please describe the ownership interest for each person listed.
Production Information: c. Identify the owner and location of all fabrication facilities. Provide copies of all contracts with the entity that owns facilities where the tobacco product is fabricated.
Import Information: d. Identify each entity that imports the Brand(s). Provide copies of all contracts with importer(s) of the Brand(s).
J. History: Tobacco Product Manufacturer
List of all Judgments, Fines, Penalties, Litigation in which Applicant(s) have been involved relating to or affiliated with tobacco products. Please explain in detail and include the Brand involved, jurisdiction, parties, and status of the matter.
**J.(1) History: Importer/Trademark Owner for Multiple Entity Escrow Only. List of all Judgments, Fines, Penalties, Litigation in which Applicant(s) have been involved relating to or affiliated with tobacco products. Please explain in detail and include the Brand involved, jurisdiction, parties, and status of the matter.
K. Escrow Deposits:
For all deposits attach copies of your receipt or other proof of deposit from your financial institution.

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	L. PACT ACT: Provide copy of PACT ACT Registration. For further information and/or questions, contact ATF (PACT ACT Info) at (202) 648-7130.
	M. Certificate of Authority: Tobacco Product Manufacturer Provide copy of a Certificate of Authority granted by the North Carolina Secretary of State.
	**M.(1) Certificate of Authority: Importer/Trademark Owner for Multiple Entity Escrow Only.
PART 3:	BRAND AND ESCROW INFORMATION
A. BRAN	D IDENTIFICATION: Complete Attachment 1 incorporated herein by reference.
	RIBUTOR INFORMATION: Complete Attachment 2 incorporated herein by nce. (See example)
Note: All Rev Tobacco Prod Carolina. Pro shipped to ea of their Distrib	renue questions should be directed to the North Carolina Department of Revenue ducts Unit at (919) 733-3641. List all distributors who sell TPM's brands in North ovide a contact name, address, telephone number, the units sold and the dates TPM ch distributor. TPM's who hold a North Carolina Distributor's License provide a copy utor's License. TPM's may obtain a North Carolina Distributor's License by contacting olina Department of Revenue Tobacco Products Unit.
C. ESCR	OW INFORMATION for 2014 Sales:
2014 Units So	old: x \$0.0308783 = (adjusted for inflation) (Escrow Payment)
or .0.09 ounce covering 2014 sales in North	ase escrow amount for 2014 sales in North Carolina is \$.0188482 for each cigarette es of roll your own (RYO). The inflation adjustment percentage for escrow and deposits 4 sales is 63.82651%. Thus, the amount of escrow which must be deposited for 2014 Carolina, including the base amount adjusted for inflation is \$.0308783 (as shown in each cigarette or per each 0.09 ounces of RYO.
PART 4:	NON-PARTICIPATING MANUFACTURER (NPM) ESCROW CERTIFICATION INFORMATION
**Please com Brand.	nplete every section for <u>each</u> <u>entity</u> making application/certification for a
A. Regis	tered Agent / Approved Agent for Service of Process
Agent's Name Company: Address: City/State/Zip Telephone No	:
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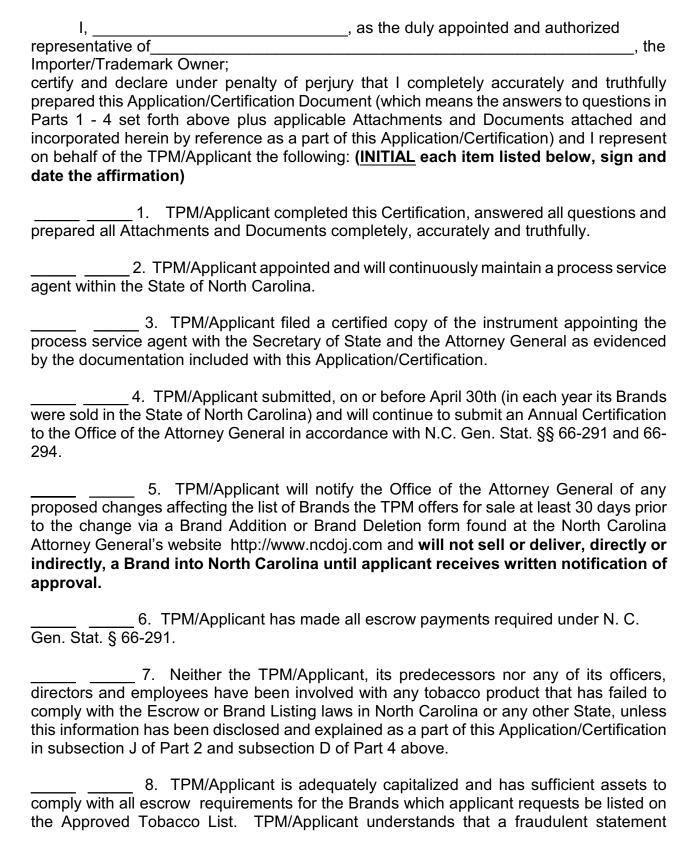
Email:	
Registe	ered with Secretary of State?
Date R	Registered:
Is the r	registration current as of the date of Application/Certification?
A(1).	Registered Agent / Approved Agent for Service of Process (Importer/Trademark Owner for Multiple Entity Escrow Only).
Agent's	s Name:
Compa	
Addres	SS:
City/Sta	ate/Zip:
•	one No: Fax:
Email:	
	ered with Secretary of State?
	Registered:
Is the r	registration current as of the date of Application/Certification?
	A NPM and its Brand may be deleted from the Approved Tobacco List if the manufacturer continuously maintain an approved agent for service of process.
B.	Qualified Escrow Fund - Financial Information
Name (of Institution:
Repres	sentative Name:Telephone No:
Escrow	v Acct. No.:
Has the	e Qualified Escrow Agreement been approved by the Attorney General? YesNo
If yes,	by Whom: Approval Date:
If no, p	please attach Escrow Agreement for review and approval.
C.	Escrow Deposit / Withdrawal History for North Carolina
O.	Complete Attachment 3 incorporated herein by reference or attach a statement of current escrow.
D.	Compliance Questions 1. Escrow: Has North Carolina made demand for payment of escrow or penalties for failure to pay escrow? If the answer if "YES," explain circumstances and how violation was resolved

Please list date(s) and amount(s) of payments made to resolve penalty demands:

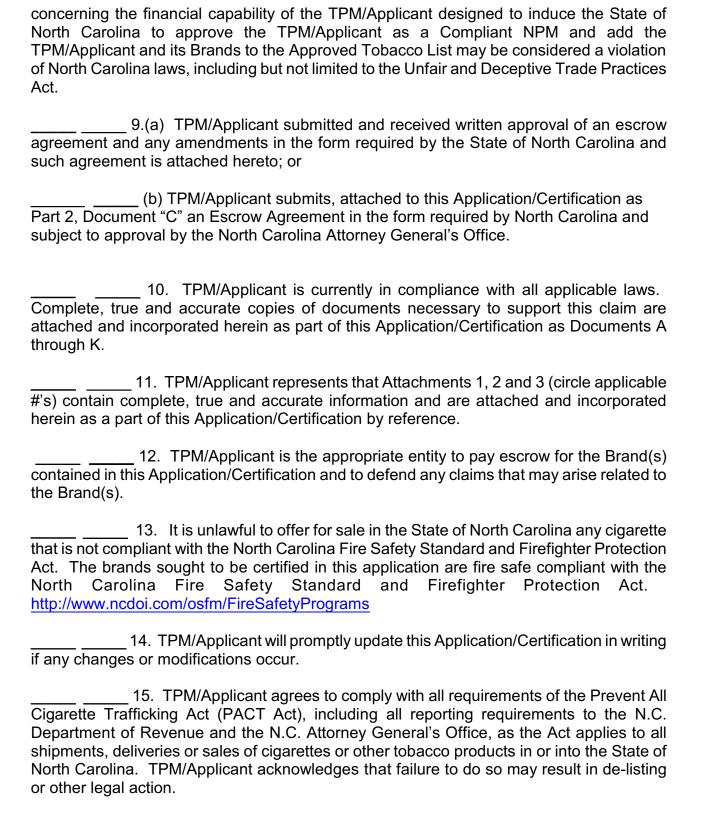
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Payment Date	Escrow Amount Paid	Penalty Amount Paid]				
			1				
]				
2. Brand Listing: S	Since January 1, 2003, has	the applicant:					
distributors, v □ Yes □	 a. Delivered or sold unlisted Brands into North Carolina directly or indirectly through distributors, wholesalers, affiliate businesses, the internet or any other means? □ Yes □ No If the answer is "YES," explain the circumstances, how the violation was resolved 						
catalogs and	catalogs and use the mail or other delivery service to deliver Cigarettes/RYO to North Carolina consumers?						
If the answer is "YES	S," explain the circumstance	S					
Cigarettes/R`	Cigarettes/RYO onto an Indian Reservation located in North Carolina?						
PART 5: ADDITIONAL INFORMATION Provide the following additional information: A. Names of other states where the Brand(s) are currently approved.							
PART 6: Affirmation and Execution by Authorized Representative **Please complete every section for each entity making application/certification for Brand (All parties to the Escrow Agreement).							
I,, as the duly appointed and authorized representative of, the Tobacco Product Manufacturer (TPM) and (check the applicable forms)							
(a) an applicant for approval for the Brands set forth in the above application/certification;							
` , .	(b) Compliant NPM requesting retention of Brands on Approved Tobacco List and certifying escrow compliance;						
(c) Compliant NPM requesting the delisting Brands set forth above, and if applicable,							

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16. TPM/Applicant assumes respective deposit obligations for the Brands listed TPM/Applicant receives written notification that Technologies and the Attorney General from respection (Certification).	l in this Applica PM/Applicant is	ation/Certification until released by the North
17. The TPM/Applicant consents to Court for the purpose of the State of North Carolin Carolina General Statutes, Article 37, and the appl tobacco enforcement and the duties of tobacco m documentation authorizing the Authorized Designed and all parties constituting "the Company" on the Esc Carolina Superior Court.	a enforcing any pication of North Canufacturers. As to consent on be	provisions of the North Carolina law relating to ttached is appropriate ehalf of NPM/Applicant
Authorized Representative for TPM :		
Title:		
Signature of Representative:	_ Date:	
Subscribed and sworn to before me, this the	day of	, 201
Signature of Notary Public (SEAL) Printed Name of Notary Public: City or County of My Commission Expires:		
Authorized Representative for Other Applicant (Imp Entity Escrow):	oorter/Trademar	k Owner for Multiple
Title:		
Signature of Representative:	_ Date:	
Subscribed and sworn to before me, this the	day of	, 201
Signature of Notary Public (SEAL) Printed Name of Notary Public: City or County of My Commission Expires:		

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MAIL THE COMPLETED APPLICATION/CERTIFICATION TO:

OFFICE OF THE NORTH CAROLINA ATTORNEY GENERAL Special Litigation Section - Tobacco Unit 114 W. Edenton Street P.O. Box 629 Raleigh, North Carolina 27602

Telephone: (919) 716-6900 Facsimile: (919) 716-6763

NOTE: 1. Please do not forward an incomplete Application/Certification.

North Carolina can only process completed Applications/Certifications.

Incomplete Applications/Certifications will be returned upon receipt.

2. Any additions, changes or deletions which may arise during the year should be sent in writing to the address above.

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ATTACHMENT 1	AT	TA	CH	ΙM	E	TV	1
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TPM Name:	
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BRAND IDENTIFICATION:

A/R	D	BRAND NAME	TRADEMARK OWNER	FABRICATOR	2014 UNITS SOLD (thru 12/31/2014)	2015 UNITS SOLD (thru App. date)
R		THEO	Smith Tobacco Holding Corp.	Jones Tobacco Company	20,000,000	40,000,000
				TOTAL:		

^{*} A= Add a Brand; R= Retain as a Listed Brand; D= Delete a Brand Copy and attach if additional space required.

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ATTACHMENT 2	Α	TT	Α	C	Н	N	1E	N	Т	2
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DISTRIBUTOR INFORMATION:

Distributor's Name	Contact Name	Address/ Street & E-mail	Telephone Number	Units Sold	Date of Shipment
XYZ Company	John Doe	318 ABC Lane, ZEE, NC	999-9999	10	1/1/09

Copy and attach if additional space required

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ATTACHMENT 3

		 трм Name :	
Escrow Agent:			

Escrow Deposit / Withdrawal History for North Carolina

Date	Amount of Deposit	Amount of Withdrawal	Escrow Account Balance

Copy and attach if additional space required.